

Clinical Image

The Abdominal Smile Sign

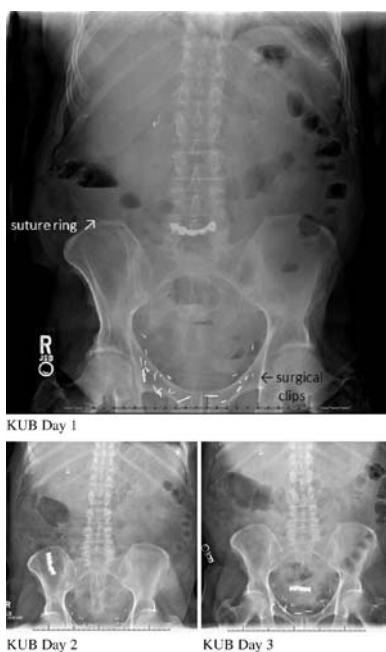
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A 72-year-old man status post cholecystectomy, prostatectomy with residual surgical clips (black arrow), and right hemicolectomy with suture ring (white arrow) presented to the emergency department after “choking on something” while taking his morning pills. He described no chest pain, abdominal pain, dysphagia or dyspnea, but could not find his dental bridgework. A KUB revealed partial dentures in his lower abdomen. By comparing the KUB with an unrelated abdominal CT scan, radiology determined that the dentures were no longer in the stomach. Indications for endoscopic removal of sharp foreign bodies, such as dentures, include location of the object in the esophagus or stomach.^{1,2} Swallowed objects that enter the stomach will typically pass without incident; however, complications have been noted in up to 35% of patients.^{1,2} Impaction, perforation, or obstruction most commonly occurs at areas of acute angulation, including the ileocecal valve.¹ In cases where the object cannot be removed safely, patients should be monitored with daily radiographs.¹ Surgery should be considered if the object does not progress through the gastrointestinal tract within three days.^{1,2} In this case, the patient returned for daily imaging and passed the dentures on day three without pain. After a thorough cleaning, the patient continues to wear his dentures, despite his wife’s protests.

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2. Webb WA. Management of foreign bodies of the upper gastrointestinal tract: update. *Gastrointest Endosc*. 1995;41(1):39–51.

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